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DECLARATION AND POWER OF ATTORNE

Docket No.:600.1179

named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

nd sole inventor (if only one name is listed below) or an original, first and joint inventor (if

i believe I am the onginal, tirst and sole invent plural names are listed below) of the subject ma	tter that is claimed	and for which a patent is sough	on the invention entitled:
INFEED APPARATUS FOR A SHEET MATERIA	AL ARTICLE TRIN	MER	
the specification of which (check one)			
is attached hereto			
was filed on 10/26/01 as U.S. Application	on Serial No. 10/0	01,769 and was amended on	(if applicable).
I hereby authorize and request our att York, New York 10018 to insert here in parenthe filed) the filing dat	eses (application n e and application	number of said application when	known.
I hereby state that I have reviewed and unders as amended by any amendment referred to abo	ve.		
I acknowledge the duty to disclose all information defined in Title 37, Code of Federal Regulations	i, §1.56.		
I hereby claim foreign priority benefits unde application(s) for patent or inventor's certificate application for patent or inventor's certificate has	listed below and	have also identified delow any	hich priority is claimed:
	Country	Day/Month/Year Filed	Priority claimed Yes No
Number	Country		Priority claimed
Number	Country	Day/Month/Year Filed	Yes No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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١	Application Serial Number	Day/Month/Year Filed	Status
	Application Serial Number	Day/Month/Year Filed	Statuş

And I hereby appoint Clifford M. Davidson, Reg. No. 32,728, Leslye B. Davidson, Reg. No. 38,854, Cary S. Kappel, Reg. No. 36,561, William C. Gehns, Reg. No. 38,156, Morey B. Wildes, Reg. No. 36,968, Robert J. Paradiso, Reg. No. 41,240, Erik R. Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, Livia S. Boyadjian, Reg. No. 34,781, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Docket No.:600.1179 Full name of Full name of additional Inventor Benedict Sammuel RAFFAELE additional Inventor Inventor's BURNETS. RAPPARE signature Inventor's signature ISAIR 2001 Date Date Union, Otio NORTH WOOD, NH 250 BLAKESHILL, RO Residence Residence A23 Neat Lane, NORTHWWO, NH Post Office Post Office 0320/ Union, Ohio 45322 Address **Address** Citizenship **USA** Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's signeture Inventor's signature Date Date Residence Residence **Post Office** Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's eigna<u>ture</u> Inventor's signature Date Date Residence Residence **Post Office** Post Office Address Address Cltizenship Citizenship

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Full name of additional Inventor	
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Date	
Residence	
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